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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Almond, et al.


Serial No 09/866,461

Filed: May 24, 2001

Title: SURGICAL SEAL

Customer No.: 21378

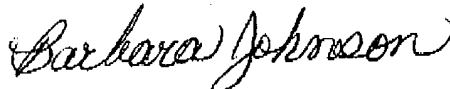
Docket No.: 3215-GB-US

| | |
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| CERTIFICATE OF FACSIMILE TRANSMISSION | |
| I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (703) 872-9306) on <u>September 9</u> 2004 | |
| <u>Barbara Johnson</u> (Type or print name) |  (Signature) |

Attached please find the following documents submitted for filing in reference to the above-referenced application.

1. Request for Withdrawal As Attorney or Agent and Change of Correspondence Address; and
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address Form PTO/SB/83

Respectfully submitted,



Barbara Johnson
Applied Medical Resources

Customer No. 21378
Telephone (949) 713-8000
Facsimile (949) 713-8206

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Commission for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT
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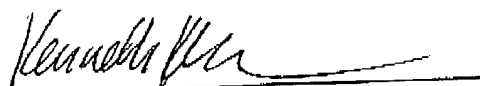
Dear Sir:

Please withdraw attorneys/agents associated with Customer Number 22434 and change the correspondence address and direct all future correspondence to Customer Number 21378.

Respectfully Submitted,

APPLIED MEDICAL RESOURCES

BY


KENNETH K. VU
Registration No.: 46,323

PTO/SB/03 (08-03)

Approved for use through 11/30/2005 / OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
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| | |
|------------------------|-----------|
| Application Number | 09/866461 |
| Filing Date | |
| First Named Inventor | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450****RECEIVED
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Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☒ the attorneys/agents associated with Customer Number

22434

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

CORRESPONDENCE ADDRESS1 ☐ The correspondence address is NOT affected by this withdrawal.2 ☒ Change the correspondence address and direct all future correspondence to:☒ Customer Number: 21378

OR

☐ Firm or
Individual Name

Address

Address

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State

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Signature

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Registration No.

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39,489

(570) 843-6200

NOTE: Withdrawal is ineffective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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